

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Date::	10/01/01
Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Sequence Submission?::	PAPER
Title::	ASPARTOACYLASE GENE, PROTEIN, AND METHODS OF SCREENING FOR MUTATIONS ASSOCIATED WITH CANAVAN DISEASE
Attorney Docket Number::	SHUTT-1 C1
Total Drawing Sheets::	13

INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	U.S.A.
Status::	FULL CAPACITY
Given Name::	Reuben
Family Name::	Matalon
City of Residence::	Coral Gables
State or Province of Residence::	Florida
Country of Residence::	U.S.A.
Street of Mailing Address::	640 Destacada Avenue
City of Mailing Address::	Coral Cables
State or Province of Mailing Address::	Florida
Country of Mailing Address::	U.S.A.
Postal or Zip Code of Mailing Address::	33156
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	India
Status::	FULL CAPACITY
Given Name::	Rajinder
Family Name::	Kaul
City of Residence::	Miami
State or Province of Residence::	Florida
Country of Residence::	U.S.A.
Street of Mailing Address::	7305 S.W. 123rd Street
City of Mailing Address::	Miami
State or Province of Mailing Address::	Florida
Country of Mailing Address::	U.S.A.

Postal or Zip Code of Mailing Address:: 33156
 Applicant Authority Type:: INVENTOR
 Primary Citizenship Country:: China
 Status:: FULL CAPACITY
 Given Name:: Guang
 Middle Name:: Ping
 Family Name:: CAO
 City of Residence:: Miami
 State or Province of Residence:: Florida
 Country of Residence:: U.S.A.
 Street of Mailing Address:: 9682 Fountainbleu Blvd., #405
 City of Mailing Address:: Miami
 State or Province of Mailing Address:: Florida
 Country of Mailing Address:: U.S.A.
 Postal or Zip Code of Mailing Address:: 33172

Applicant Authority Type:: INVENTOR
 Primary Citizenship Country:: India
 Status:: FULL CAPACITY
 Given Name:: Kuppareddi
 Family Name:: Balamurugan
 City of Residence:: Miami
 State or Province of Residence:: Florida
 Country of Residence:: U.S.A.
 Street of Mailing Address:: 6150 S.W. 40TH Street, Apt. A-7
 City of Mailing Address:: Miami
 State or Province of Mailing Address:: Florida
 Country of Mailing Address:: U.S.A.
 Postal or Zip Code of Mailing Address:: 33155

Applicant Authority Type:: INVENTOR
 Primary Citizenship Country:: U.S.A.
 Status:: FULL CAPACITY
 Given Name:: Kimberlee
 Family Name:: Michals-Matalon
 City of Residence:: Coral Gables
 State or Province of Residence:: Florida
 Country of Residence:: U.S.A.
 Street of Mailing Address:: 640 Destacada Avenue
 City of Mailing Address:: Coral Gables
 State or Province of Mailing Address:: Florida
 Country of Mailing Address:: U.S.A.
 Postal or Zip Code of Mailing Address:: 33156

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	08/128,020	09/29/93

ASSIGNMENT INFORMATION

Assignee Name::	Miami Children's Hospital Research Inst.
Street of Mailing Address::	6125 S.W. 31st Street
City of Mailing Address::	Miami
State or Province of Mailing Address::	Florida
Country of Mailing Address::	U.S.A.
Postal or Zip Code of Mailing Address::	33155

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